

# **Public Health Planning And Response**

## **To Bioterrorism & Public Health Emergencies**

### **Version 1.8**

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**Table of Contents**

BACKGROUND .....	3
PURPOSE .....	3
1. Communications and Notifications.....	4
2. Public Health Surveillance.....	6
3. Biological Laboratory Response Network.....	9
4. Emergency Management .....	11
5. Treatments and Prophylaxis of Mass Casualties .....	12
RECOMMENDATIONS FOR LOCAL PLANNING .....	14

**APPENDICES:**

<b>A</b>	<b>Summary of Michigan Emergency Management Plan</b>
<b>B</b>	<b>Emergency Notification Network</b>
<b>C</b>	<b>Michigan Notifiable Diseases and Conditions</b>
<b>D</b>	<b>Addressing Reports of "Unusual Disease Occurrence/Activity"</b>
<b>E</b>	<b>State Emergency Notifications</b>
<b>F</b>	<b>Public Health Level B Laboratory Contacts</b>
<b>G</b>	<b>Overview for Handling Physical Evidence from Suspected Bioterrorism</b>

## **BACKGROUND**

Most emergency first responders are trained and experienced in dealing with natural disasters, technological disasters, bomb blasts and hazardous material spills. However, many all-hazard plans do not address responding to the effects of a bioterrorist attack or to emerging infectious diseases. In these situations, symptoms among those exposed may take days or even weeks to present and initially may be confused with other less serious illnesses. Events such as these will likely be more surreptitious, and could potentially infect masses of people before being detected. Unlike hazmat-type incidents, such events will present as medical and public health emergencies.

Private physician offices, clinics and emergency departments, or local public health departments, depending upon where exposed individuals enter the health care system, will replace the traditional emergency response. In either case, a highly effective medical and public health network is necessary to activate a rapid and effective response to any unusual reports of disease. Rapid recognition and understanding of the etiologic agent are vital for minimizing mortality and morbidity within the population and when administration of antibiotic treatment is more effective given early in the course of the disease. How quickly Michigan can respond to protect the health of its citizens will depend upon early detection and awareness, epidemiological and laboratory investigation, and rapid notification of response partners.

## **PURPOSE**

The purpose of this document is to provide a guide of the Michigan Department of Community Health response to such events. The plan describes the emergency management concepts under which the department will operate and the roles and responsibilities of federal, state, and local agencies. The Plan should be reviewed and understood prior to any such event occurring. The Plan will continue to incorporate changes in response roles and systematic improvements throughout its evolution.

When an emergency or disaster occurs, local agencies are normally the first to respond. These agencies initially assess the situation, determine its scope and magnitude, and determine if additional assistance is required. Generally, the response is handled at the local level to the extent possible. If the emergency or disaster is deemed by the Chief Executive (of the affected jurisdiction) to exceed the capabilities of the jurisdiction, the Chief Executive may request that the Governor declare a “state of emergency”, thereby activating state assistance in accordance with the provisions set forth in the Michigan Emergency Management Act (Act 390 of 1976).

The Michigan Emergency Management Plan (MEMP) is an all-hazard plan that coordinates the emergency management activities of preparedness, response, mitigation, and recovery within the State of Michigan. The MEMP coordinates the activities, personnel, and resources of state agencies in Michigan for responding to and recovering from a variety of disasters and emergencies. The MEMP is a policy document developed and maintained by the Director of the Michigan Emergency Management Division, Michigan State Police and

the Director of each agency. A primary role of the Emergency Management Division is to ensure that all state agencies respond effectively and rapidly to declared state emergencies.

When an emergency is declared, the MEMP specifies a number of duties for the Michigan Department of Community Health to include:

- Coordinating the investigation and control of communicable diseases
- Coordinating the allocation of medications essential to public health
- Issuing health advisories and protective action guides to the public
- Coordinating a mental health needs assessment and crisis counseling
- Coordinating victim identification services
- Providing a liaison to federal emergency health and medical programs and services

Additional information regarding the responsibilities of other state agencies during a state emergency or bioterrorism incident can be found under Appendix A.

**This Plan does not supersede the responsibilities of the Michigan Emergency Management Plan. It serves to augment and define public health response procedures to ensure that an infrastructure is in place meeting our obligations under the MEMP thereby protecting the health of the citizens of Michigan.**

Local public health planners should use this plan to integrate state and local public health response efforts.

## **1. Communications and Notifications**

The first step to a successful response is information sharing between public health and emergency response communities. Accordingly, a network must be in place to ensure timely, accurate, and useful information and instructions are provided throughout the emergency.

### **A. Communication and Notification Planning**

The Michigan Department of Community Health has been actively involved in developing communication and emergency response networks with federal, state and local partners. Current initiatives underway at the Michigan Department of Community Health to develop such networks include:

- Developing and distributing materials that describe infectious agents and provide recommendations to prevent/decrease morbidity and mortality
- Developing an Emergency Notification Network (Appendix B)
- Developing education and training programs for health care professionals and clinical laboratory personnel
- Developing fact sheets for diseases often associated with bioterrorism
- Developing and disseminating educational materials on emerging infections such as West Nile Virus

- Identifying special populations and specifying a means of communicating with them
  - ▶ Such populations may include: Non-English speaking residents, military personnel, students, Inter-tribal councils, the elderly, homeless populations and shelters, non-readers or individuals with low levels of literacy, assisted living centers, and migrant workers...
- Exploring development of communication venues such as hotlines and websites (public and secured) for disseminating information rapidly
- Participating in local bioterrorism and emerging infection exercises to integrate state public health response with local response efforts

#### **B. Communication and Notification Response During an Event**

During an actual event, it is important for partners to be aware of the Michigan Department of Community Health's public health response. Michigan Department of Community Health will communicate information to health care professionals and the public by:

- Immediately notifying local Public Health officials within the county of the identified incident, the Director of the Michigan State Police Emergency Management Division, and the Centers for Disease Control
- If the incident is determined or suspected to be the result of bioterrorism, the Michigan Department of Community Health will notify the Weapons of Mass Destruction (WMD) Coordinator for the Michigan State Police and the Michigan WMD Coordinator for the FBI
- The Michigan Department of Community Health will also disseminate technical information and copies of media releases specific to the incident to local Public Health Departments and health care partners not immediately impacted by the event via the Michigan Department of Community Health Emergency Notification System
- The Michigan State Police Emergency Management Division is the coordinating agency responsible for communications with all other state agencies, local emergency management, and the Governor's office
- Should medical resources become depleted due to a terrorist incident, the Michigan Department of Community Health will initiate requests for required resources through appropriate federal agencies
- The Michigan Department of Community Health, in partnership with the Michigan State Police, will provide public service announcements as appropriate, to provide information which could reduce morbidity and mortality in the population
- The Michigan Department of Community Health will provide media releases and respond to media inquiries through the State Emergency Operations Centers (SEOC) and the Michigan Department of Community Health media relation's office
- Pre-assigned Michigan Department of Community Health Emergency Management Coordinators (EMC's) representing state public health and mental health response efforts will report to the SEOC to provide support during state response efforts

## 2. Public Health Surveillance

In addition to rapid notification systems, the detection and awareness of increased disease incidence will play a key role in early identification and awareness of emerging infections or covert bioterrorism attacks.

An effective response to any public health event requires the rapid recognition of an unusual disease occurrence. The initial element of emergency response is identical to public health's customary responsibilities - to detect and control disease outbreaks. An outbreak or an epidemic is defined as the occurrence of more cases of disease than expected, in a give area or among a specific group of people, over a particular period of time. Continuous public health surveillance is required to determine whether or not an observed outbreak reaches a sufficient magnitude to require an emergency response.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of health data, including information on clinical diagnoses, laboratory-based diagnoses and/or specific syndromes. Epidemiologists evaluate such data to detect outbreaks; characterize disease transmission patterns by time, place, and person; evaluate prevention and control programs; and to project future health care needs.

Diseases do not always occur in confined geographic areas. Instead, isolated cases may begin to occur in different jurisdictions. To effectively recognize a disease outbreak depends on the ability to identify illnesses across local, county, and state borders. Thus, the key to surveillance is to provide accurate and timely case information to the local health department. Once notified, the local health department will report such information to the state public health department.

In Michigan, all physicians and clinical laboratories, primary and secondary schools, childcare centers and camps are required to report the occurrence or suspected occurrence of any disease, condition or infection as identified in the Michigan Communicable Disease Rules under Section 511 of Act No. 368 of the Public Acts of 1978 (Appendix C) to local public health authorities. All other health care providers, including Emergency Medical Systems personnel, have the authority to report these diseases to local public health departments. The public health system depends upon such reporting to monitor the health of the community and to detect unusual increases in disease incidence. To meet this need, the state health department is currently enhancing surveillance activities.

### A. Surveillance Planning

As part of the Michigan Department of Community Health's "*Planning and Response to Bioterrorism & Public Health Emergencies*" the following initiatives are being undertaken:

- Development of the Surveillance Systems Section at the Michigan Department of Community Health
- Development of an Executive Public Health Emergency Response Team with responsibilities to:

- ▶ Develop criteria to evaluate reports and determine the necessity to expand surveillance activities in Michigan
- ▶ Develop protocols for coordinated activities within the Michigan Department of Community Health, between state departments, and local public health for responding to public health emergencies
- ▶ In collaboration with the Michigan State Police and the FBI, develop case investigation forms for interviewing patient's with exposures resulting from criminal intent and make available to local public health departments to support investigations
- Assisting Local Public Health Departments in development of local plans
- Distributing to local public health departments and health care providers, case definitions developed by the Centers for Disease Control for biological agents often associated with Bioterrorism and emerging infectious disease threats
- Identifying pilot sites to develop syndromic (symptom-based) surveillance systems
  - ▶ Pilot sites may include Emergency Departments, Infectious Disease Physicians, EMS, Infection Control Practitioners, Poison Control Centers, Pharmacies, and State Veterinarians. Agencies interested in developing pilot programs are encouraged to contact the Michigan Department of Community Health Bioterrorism Surveillance Unit at 517-335-8165
- Development of Self-Study Training Module, "Clinical Aspects of Biological Agents" with continuing medical education units (available at: [www.mappp.org](http://www.mappp.org))

#### **B. Surveillance Response During Public Health Emergencies**

Michigan's expanded surveillance systems will be based upon current passive systems, pilot projects for enhanced surveillance, and informal consultation. However, once an outbreak is suspected, a more active surveillance system will be initiated. The Michigan Public Health Code gives authority to public health officials to require the **immediate** reporting of any unusual occurrence, outbreak or epidemic of any disease, condition, and/or nosocomial infection. Although case definitions have been developed for biological agents and many emerging infectious disease threats, case definitions may be re-defined during an outbreak investigation to limit investigation to people most likely to have been exposed.

State Public Health response during such a public health emergency will include the following:

- The Michigan Department Community Health will immediately alert local public health departments and health care agencies regarding the necessity to enhance or expand surveillance activities (Appendix D)
- The Michigan Department of Community Health will notify the Centers for Disease Control and will coordinate federal, state and local public health response
- The Michigan Department of Community Health and Local Public Health Departments will notify health care providers and laboratories for the need to submit samples to the Michigan Department of Community Health or clinical isolates to Regional Public Health Laboratories (refer to section on Biological Laboratory Response Network)

- In cooperation with Local Public Health Departments, the Michigan Department of Community Health will develop case definitions and implement protocols for case investigations to include:
  - ▶ Support and advisement on epidemiological methods necessary to identify source of exposure, mode of transmission, and causative agent
  - ▶ Link laboratory reports to case investigations
  - ▶ Define populations potentially at risk
  - ▶ Determine age-specific attack rates, morbidity, and mortality
  - ▶ Determine and describe unusual clinical symptoms and risk factors
- Track state-wide distribution of reported cases and report to local public health, health care providers as appropriate, and the Michigan State Police Emergency Management Division
- If exposure to an infectious agent occurred, or potentially occurred, by criminal intent the Michigan Department of Community Health will coordinate activities between local public health and the FBI Weapons of Mass Destruction Coordinator. Coordinated activities may include but will not be limited to:
  - ▶ Interviewing patients at medical facilities to support epidemiological and criminal investigation procedures
  - ▶ Conducting case investigations and interviewing persons exposed but not hospitalized
  - ▶ Maintaining chain of custody of investigational materials obtained in epidemiological and laboratory investigation per FBI protocols
  - ▶ Providing Vital Statistics information to state and federal law enforcement to support victim identification
- If the infectious agent is determined to be foodborne, or zoonotic (transmitted to people by animals), coordinate with the Michigan Department of Agriculture to determine appropriate surveillance activities and notify local public health of procedures (Appendix E)
- If the infectious agent is transmitted by water, coordinate with the Michigan Department of Environmental Quality to initiate appropriate surveillance activities and notify local public health of procedures (Appendix E)
- In the consultation with local public health, the Centers for Disease Control, and Michigan State Police Emergency Management Division assess need to implement legal authorities to control spread of disease or reduce risk of additional exposures

**Surveillance activities may continue to assess long term health affects after exposure to a specific infectious agent. Activities may include:**

- Consultation with the Centers for Disease Control to determine necessity for continued surveillance activities and notification of agencies participating in active surveillance
- Review active surveillance data and information to assess reliability, validity, and acceptability of surveillance initiatives
- Consultation with Local Public Health Department, Michigan State Police Emergency Management Division, and FBI (if a criminal incident) to review plans



and revise procedures to improve surveillance planning and response in future incidents

### **3. Biological Laboratory Response Network For Bioterrorism**

Biological terrorism may occur as either an announced (overt) or unannounced (covert) event. While the basic public health response to either event would be similar, the role of private and public sector laboratories would be different. Some time after a covert biological attack, exposed victims would become symptomatic and seek medical care in large numbers. Initial recognition of the etiologic agent(s) would most likely occur in hospital, clinical or reference laboratories. In an overt biological attack, environmental samples would be collected by law enforcement agencies and transported to the Michigan Department of Community Health for analysis.

#### **A. Public Health Laboratories Planning**

Rapid identification of the etiologic agent(s) would allow the medical community to provide appropriate prophylaxis and minimize morbidity and mortality. Initiatives underway at the Michigan Department of Community Health Bureau of Laboratories include:

- Supporting the enhancement of the Laboratory Response Network
- Training public health and clinical laboratories on the isolation and identification of infectious agents often associated with bioterrorism threats
- Developing protocols for collection and transport of samples, specimens, and isolates by State and Federal law enforcement

#### **B. Public Health Laboratory Response**

##### **Covert Attack**

To coordinate the response of the public and private sector in a covert attack, the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL) formed the Laboratory Response Network for Bioterrorism (LRN). Laboratories that participate in the LRN follow consensus protocols and are divided into four groups (A–D) based on their capabilities and available safety equipment.

**Level A:** Level A laboratories are hospital clinical laboratories that will screen patient samples for the agents of bioterrorism and either rule them out or presumptively identify the agents and refer them to a higher level laboratory for confirmation. Any clinical laboratory in Michigan that provides microbiology service is designated a Level A laboratory.

**Level B:** Level B laboratories are state and regional public health laboratories located in Kent County, Kalamazoo County, Saginaw County, the City of Detroit, and Houghton Michigan (Appendix F). These laboratories will confirm the identification of organisms forwarded by Level A labs and perform susceptibility testing when appropriate.

**Level C:** The Level C laboratory for the State of Michigan is the Department of Community Health Bureau of Laboratories located in Lansing. In addition to providing training and surge capacity for the Level A and B laboratories, the Level C lab will offer rapid diagnostic tests, molecular typing services, and toxin testing. Rapid diagnostic tests including nucleic acid amplification and immunoassays can be used to identify agents directly from clinical and environmental samples or from isolates provided by other laboratories. Molecular typing tests can be used to determine the similarity of organisms isolated from within the state or across the nation. The Michigan Department of Community Health would also test patient and food samples to determine the presence and type of botulinum toxin present.

**Level D:** This laboratory, located at the Centers for Disease Control (CDC), has specially designed facilities to handle highly infectious agents like smallpox or Ebola virus. The Michigan Department of Community Health will coordinate the collection, packaging and shipping of all specimens sent to CDC. In addition to providing diagnostic capabilities for highly infectious agents, CDC will also archive isolates from any suspect bioterrorist event and examine these isolates for molecular chimeras.

### **Overt Attack**

All non-clinical materials associated with an overt biological attack (real or threatened) must be examined by the Level C lab at the Michigan Department of Community Health. Handling these materials requires special precautions and safety facilities that are not available in Level A and B labs. These samples are typically collected and transported by law enforcement agencies. Clinical samples (e.g. throat or nasal swabs) to confirm exposure to an overt attack would be collected and processed at Level A labs.

### **C. Collection of Physical Evidence from Suspected Bioterrorism**

Rapid identification of the etiologic agent associated with an overt bioterrorist event would allow health providers to administer prophylaxis in a timely fashion and thereby reduce morbidity and mortality associated with the event. On the other hand, rapid testing to rule-out an etiologic agent associated with a hoax would eliminate unnecessary prophylaxis and avoid an unnecessary burden on the health care system.

The appropriate collection and rapid transport of samples from a real or threatened biological event can help determine the scope of the public health response to a biological event. Collection kits for non-clinical samples have been provided to the Michigan State Police Emergency Management Regional Response Team Network (RRTN). These kits contain materials and instructions to collect, package, and transport samples to the Michigan Department of Community Health. Instructions provided with the kit will cover several scenarios; however obtaining optimum specimens requires constant communication between the team collecting the samples and the Michigan Department of Community Health. All samples received by Michigan Department of Community Health must be accompanied by a testing requisition that certifies that the sample does not pose an explosive or radiological

risk. In order to maintain the integrity of the samples as evidence, a chain of custody form will be initiated to document the transfer of the samples from law enforcement to Michigan Department of Community Health. See Appendix G for an overview of the sample collection and testing process.

#### **4. Emergency Management**

Emergency Management includes measures to protect public health and safety; restore essential government services; and provide emergency relief to governments, businesses, and individuals. Normally, the state emergency management agency is responsible for leading the state's overall effort to develop an all-hazard Emergency Operations Plan. Within the State of Michigan, emergency management responsibilities reside within the Michigan State Police Emergency Management Division.

When state officials respond to a major event in Michigan, the state emergency operations center (SEOC) is activated. The role of the SEOC is to assure coordinated response and communication efforts between the state agencies responding to an event. When local officials determine that a major health event is occurring in their jurisdiction, they may also activate their emergency operations center (EOC) to coordinate response efforts between local agencies and to serve as a link to the SEOC.

The Public Health Code provides broad authority to Public Health Officials to take action to control epidemics and prevent the spread of infectious diseases within a community. Public Health Officials can limit public gatherings, prohibit the presence of individuals in specific locations, and require the detention and/or treatment of individuals with hazardous communicable diseases. While such authorities exist, education on preventing disease transmission, treatment, and prophylaxis of individuals exposed and/or potentially exposed will be the primary focus. In either situation, coordinated management of State and Local Public Health authorities will require support of the emergency management and law enforcement communities.

##### **A. Emergency Management Planning**

Emergency preparedness is a community-wide concern and response to a significant emergency will include the response community as a whole. To integrate public health response with emergency management activities the Michigan Department of Community Health has been developing program initiatives that include:

- Educating Emergency Management on the public health role and response to any event affecting the health of the public
- Developing a Michigan Department of Community Health Emergency Response Team with roles identified for each team member during a public health emergency to include:
  - ▶ Liaison with State Emergency Operations Center (SEOC)
  - ▶ Liaison with Local Public Health Departments
  - ▶ Liaison with Mental Health Community
  - ▶ Liaison with other State Agencies as appropriate

- ▶ Liaison with FBI as necessary
- ▶ Liaison with the Centers for Disease Control and National Pharmaceutical Stockpile Program
- Developing 24/7 emergency notification listings of key personnel at Local Public Health Departments
- Reviewing Public Health Authorities in a public health emergency including, international, inter and intra state quarantine authorities
- Reviewing authority of the state, in consultation with the Michigan State Police Emergency Management Division, to "deputize" health care professionals to ensure liability protection during declared state emergencies
- Developing plan to receive the CDC Pharmaceutical Stockpile resources
- Reviewing the Michigan Funeral Directors Association "Emergency Mortuary Response Plan" to ensure mortuary support in mass disasters

## **B. Emergency Management Response**

Public Health emergency managements activities during an event will include:

- Coordination of response efforts with Local Public Health, Michigan State Police-Emergency Management Division and other state agencies.
- Collaboration with Michigan State Police Emergency Management Division to coordinate federal response efforts with CDC and HHS, FBI, FEMA, and other federal response teams
- Meetings convened with Michigan State Police Emergency Management Division to assess the need to institute disease control measures in accordance with local, state, and federal public health recommendations
- Activation of state and federal mental health support teams to ensure appropriate critical incident stress management for emergency responders and citizens
- Notification of the Michigan State Police Emergency Management Division to request security measures necessary to implement legal authorities and provide security for distribution of pharmaceuticals during periods of public unrest
- Notification of Michigan Funeral Directors Emergency Mortuary Response Team for support as necessary

## **5. Treatments and Prophylaxis of Mass Casualties**

No one can anticipate exactly where an incident may occur, and few agencies have the resources to create a sufficient pharmaceutical stockpile on their own. Local and state public health departments and the Michigan Department of Community Health hospitals have access to limited supplies of pharmaceutical inventories. However, the Centers for Disease Control National Pharmaceutical Stockpile (NPS) Program has created a resource to maintain a national repository of life-saving medical material that can be rapidly delivered to the site of a biological or chemical terrorist event. An initial "push package" to support local first response efforts will arrive in Michigan within 12 hours of federal activation. This initial package will be followed by quantities of medical material in 24 to 36 hours that

will be more specific to the biological agent and tailored to the medical material in most need.

**A. Public Health Medical Prophylaxis and Treatment Planning:**

In order to ensure that the department has the capabilities to respond to requests for mass prophylaxis, the Michigan Department of Community Health is undertaking several initiatives to plan for this event. Planning activities include:

- Developing a plan to receive the National Pharmaceutical Stockpile in Michigan
  - ▶ Planning activities are coordinated with the Michigan State Police Emergency Management Division, Michigan Department of Consumer and Industry Services, Michigan Department of Transportation, local emergency management coordinators, local public health, hospitals, Medical Control Authorities, EMS, and local law enforcement
  - ▶ Planning will include identifying sites in Michigan capable of receiving and storing vast stockpile inventories
  - ▶ Developing local distribution protocols to ensure rapid and efficient distribution to prophylaxis dispensing centers, acute care facilities, and emergency response systems
  - ▶ Developing of protocols for distribution to acute care institutions and EMS within the Medical Control Authority infrastructure
- In collaboration with CDC, development of plans for patient tracking to ensure appropriate medical follow-up and reporting of adverse events
- Developing an inventory of pharmaceutical supplies (pharmaceuticals used for treatment or prophylaxis) in state and local public health departments and the Michigan Department of Community Health hospitals

**B. Response for Medical Prophylaxis, Treatment and Distribution**

In the event of a serious or widespread outbreak of infectious diseases, the Chief Medical Executive Officer at the Michigan Department of Community Health is responsible for coordinating the procurement and distribution of medication to local public health departments to prevent the spread of disease thereby reducing morbidity and mortality within the population. Application of medical prophylaxis requires identification of the populations at risk. As this may not happen immediately, treatment may be given to a larger number of people than necessary ("worried well") until active surveillance activities define the population at risk.

The Governor of Michigan is responsible for making a request for delivery of the National Pharmaceutical Stockpile. The Chief Medical Executive at the Michigan Department of Community Health and the Local Public Health Official, of the requesting jurisdiction, will assess requests for delivery prior to federal activation. Request for federal agency support will be coordinated through standard Michigan Emergency Management Procedures. In addition the Michigan Department of Community Health will:

- Assess current supplies of pharmaceuticals on hand at local and state public health facilities and alert agencies to potential requests for additional supplies
- Alert the CDC of the potential request for delivery prior to formal submission of the state request
- Alert and notify Michigan State Police Emergency Management of need for increased security to protect personnel and supplies associated with pharmaceutical re-distribution or stockpile receipt
- Prior to its arrival, re-review statewide distribution plans with consideration to the geographic location to ensure that equipment, facilities, and personnel are in place to receive and distribute stockpile supplies within the community and alert necessary partners of any changes
- Provide decision support on containment, prevention, and treatment measures in lieu of CDC recommendations
- Direct staging, breakdown, and distribution of supplies within, or in proximity to, requesting jurisdiction
- Develop tracking system to ensure return of unused medical resources to CDC

## **Recommendations for Local Planning**

This section discusses recommendations for local communities to develop plans to prepare an effective response to any public health emergency. While this final section contains information specific to local planning, it does not encompass all planning initiatives specifically those unique to a community. It is therefore recommended, that communities use this section only as a guide and also review resources cited in the bibliography of this document. Communities should also form workgroups to develop coordinated planning efforts at the local level. Listed below are just a few of the agencies that are recommended as participants in developing plans for medical responses to public health emergencies.

### **Local Public Health Departments:**

Local public health departments in Michigan are governmental entities with a legal responsibility to assure the public's health, (Michigan Public Health Code, Public Act 368 of 1978). Public health departments provide essential services that must be integrated with any emergency response plan developed to protect the health of the community. Diagnosing and investigating disease outbreaks and providing mass prophylaxis to prevent epidemics, assessment of environmental health threats, enforcement of laws and regulations to protect public health, and educating the community on health issues are only a few of the daily responsibilities of local public health departments.

For information on the powers of local public health officers relative to a bioterrorism event, or an imminent danger to the health of the public, visit [www.malph.org/page.cfm/3/](http://www.malph.org/page.cfm/3/)

Additional information on the "Unique Role of Local Public Health Departments" in Michigan can be accessed at <http://www.malph.org/pdf/articles/unique.pdf>

**Local Emergency Management Programs:**

Each county has an Emergency Management Coordinator and enabling legislation creating an emergency management program. In accordance with the Michigan Emergency Management Act (Act 390 of 1976) some municipalities with a population of 10,000 or more may elect to appoint an Emergency Management Coordinator. Local agencies are responsible for carrying out the emergency functions assigned to them in their local Emergency Operations Plan.

For more information on emergency management programs review the "Local Emergency Management Standards" at [www.msp.state.mi.us/division/emd/206.pdf](http://www.msp.state.mi.us/division/emd/206.pdf).

The name and address of Emergency Management Coordinators serving your jurisdiction can be found at [www.msp.state.mi.us/division/emd/slocbook.htm](http://www.msp.state.mi.us/division/emd/slocbook.htm)

**Medical Control Authorities:**

In Michigan, each county (or group of counties) is required to have a Medical Control Authority with the responsibility to establish policies, procedures and protocols focusing on how pre-hospital emergency care will be carried out within their particular geographic area. The Michigan Department of Community and Industry Services (CIS) Emergency Medical Services Section approves local Medical Control Authorities (a hospital or group of hospitals), which provide community based pre-hospital emergency care oversight.

For additional information on the Medical Control Authorities visit the CIS website at [www.cis.state.mi.us/bhs/ems/home.htm](http://www.cis.state.mi.us/bhs/ems/home.htm)

**Community Mental Health Services Program:**

The county mental health services programs are established by the Mental Health Code - Act 258 of the Public Acts of 1974 as amended. Local boards provide crisis intervention, outpatient counseling, and case management. As the gatekeeper of the public mental health system, the local community mental programs provide individualized planning for the mental health care of county residents.

For more information about the mental health board in your community, visit the following website at: <http://www.macmh.org/boards.htm>

**Michigan Crisis Response Association:**

The Michigan Crisis Response Association (MCRA) was formed in response to a need for mental health support following critical incidents by providing crisis intervention to those impacted by traumatic events. There are approximately 45 teams in Michigan whose membership is comprised of individuals from law enforcement, fire and emergency medical services, hospital staff, and educators as well as mental health professionals and clergy. MCRA also provides assistance to communities in developing crisis response plans.

For information on the MCRA and teams in your jurisdiction visit [www.kcaa.org/MCRA](http://www.kcaa.org/MCRA)

**Hospitals:**

During bioterrorism incidents and public health emergencies resulting in mass casualties, local area hospitals will admit patients until they reach maximum capacity. Most hospitals have in place disaster response plans specific to their institution. In order to respond to mass casualty events, hospitals should coordinate their inter-agency disaster plans with community disaster response plans and other health care institutions.

For additional information on hospital planning for mass casualties, visit the Centers for Disease Control web site at [www.bt.cdc.gov/Planning/](http://www.bt.cdc.gov/Planning/)

**A. Developing Emergency Notification and Communications Systems**

Rapid notification and communication are essential for an effective medical response. Community planning efforts should include but not be limited to representatives from local public health departments, law enforcement, emergency management, public works, industry, disaster response teams, Medical Control Authorities (including first responders), airport authorities, school authorities, hospital personnel, additional medical facilities and health care institutions, clinical laboratories, medical examiners, pharmacists, and local veterinarians. Relationships with these individuals and agencies should be developed before the event occurs. Some events, or even forecast or threatened events, may also bring a large contingent of media personnel.

The need for a rapid medical response will create many demands on communication and information systems. Local public health departments and the medical community should consider including the following in their response plan:

- Develop a local coordinated medical communication plan and include hospital public relations departments, local public health departments, media, emergency management and professional organizations
- Establish a policy that includes one local public affairs official, during emergencies within the jurisdiction, who may be responsible for:
  - ▶ Responding to infectious disease outbreaks, education of disease etiology and risks, and identification of facilities to provide prophylaxis
    - Public Health Department Medical Director or Public Health Community Relations Officer
  - ▶ Responding to calm public fear and unrest
    - Mental Health experts
  - ▶ Responding to the coordination of local agency response efforts
    - Local Emergency Management Coordinator
- Develop an Emergency Notification Systems
  - ▶ Develop list of key points of contact and their email, phone, and fax numbers
  - ▶ Test communication notification system semi-annually and update as necessary
- Develop a communications network for informing and updating key partners to the status of the event, via press releases



- ▶ Include Department of Community Health, Michigan State Police, and other appropriate state response agencies
- ▶ Include local response agencies as appropriate
- ▶ Include adjacent counties as members of the local communication network
- Identify special populations and a means of communicating with them. Local public health departments, emergency response agencies, mental health agencies, and religious organizations often have access to populations such as:
  - ▶ Non-English speaking residents, military personnel, students, Inter-tribal councils, the elderly, homeless populations and shelters, non-readers or individuals with low levels of literacy, assisted living centers, migrant workers etc...
- Identify additional community partners (Visiting Nurses Association, long-term care facilities, pharmacies, university health centers and programs, correctional facilities, Red Cross, National Guard etc...) to assist in the development of communication plans for providing efficient care and response within a community

## **B. Enhancing Surveillance during Public Health Emergencies**

Physician and clinical laboratories are required by law under the Michigan Communicable Disease Rules under Section 511 of Act No. 368 of the Public Acts of 1978 as amended to report most agents often associated with bioterrorism incidents to local public health departments (Appendix C). In addition, any unusual disease occurrence or disease that threatens the health of the public must be reported. Individuals also authorized to report conditions to local public health authorities include; administrators, epidemiologists, infection control practitioners, dentists, nurses, pharmacists, physician's assistants, emergency response personnel, veterinarians and any other health care professional. **The public health system depends upon these reports of diseases to monitor the health of the community and to provide the basis for preventive action.**

Local public health departments and medical communities should consider development or enhancement of the following activities in their planning processes:

- Enhanced efforts to educate private providers on their responsibility to report notifiable diseases
- Local Public Health Departments should identify agencies required to report disease and develop 24/7 emergency contact lists for communications to and from these agencies
- Local healthcare providers and responders must maintain protocols for notifying local public health departments concerning unusual disease occurrence
- All agencies should make available 24/7 emergency contact information to any agency, including local public health, that would be required to respond to medical emergencies within the community
- Health care institutions should be identified to expand surveillance activities including Emergency Departments, Infectious Disease Physicians, EMS, Infection Control Practitioners, Longer Term Care Facilities, Veterinarians, etc...

- Protocols should be developed for early detection and reporting of increased disease incidence within the community (Appendix D)
- Facilities that provide medical care should meet with local emergency response officials to educate them on their agency role in medical surveillance activities
- Staff persons to liaison with state and local agencies should be pre-identified
- In a criminal incident, local public health officials and local law enforcement should coordinate case investigations to reduce duplication in interview questions thereby easing the under staffing burdens of each agency

### **C. Medical Prophylaxis and Treatment Planning**

Local public health, emergency management, and medical control authorities should coordinate with Michigan Department of Community Health to develop plans for receipt and distribution of the National Pharmaceutical Stockpile within their jurisdiction. In addition, grand rounds and in-services should be conducted to educate healthcare professionals in the community on local medical emergency response efforts

Considerations in the development of a local medical response plan (this list is not all inclusive):

- Staffing needs and backup support
- Storage location and capacity for additional medical resources
- Identification of sites to provide mass prophylaxis within the community; the following resources should be taken into consideration when identifying potential sites:
  - ▶ Rest areas and food services for staff and clients
  - ▶ Restroom facilities
  - ▶ Handicap accessibility
  - ▶ Privacy measures, if needed
  - ▶ Communication capabilities (phone, fax, e-mail)
  - ▶ Security needs
  - ▶ Staffing needs
  - ▶ Equipment needs and guidelines for clinic flow (chairs, tables, ropes for line controls etc...)
  - ▶ Separation of high risk groups (asymptomatic/symptomatic)
  - ▶ Emergency response to adverse reactions
  - ▶ Medical supplies (First aid kit, blood pressure cuffs, latex gloves, etc...)
  - ▶ Clinic supplies (pens, highlighters, tape, paper towels, index cards and pencils to facilitate patient tracking, etc...)
  - ▶ Computer support for data entry and record keeping
  - ▶ Development of protocols for patient referrals for mental health support or acute medical care
  - ▶ Identify sites to treat "less" ill patients. Consider hotels; which include beds, bathrooms, communication networks and in some facilities on-site laundry, food preparation, and serving areas
  - ▶ Pre-identify locations to provide counseling and medical assessment of the "walking and worried well" to alleviate burden of patients on acute care

medical facilities by shunting non-critical care away from emergency departments

#### **D. Emergency Management Activities**

Prior to any declaration of a "state emergency", local or jurisdictional emergencies will likely have been declared. Local emergency management coordinators are responsible for alerting local public officials as for the need of additional state resources. All local agencies should make certain that their disaster and emergency response plans are shared with their local emergency management coordinator. In consultation with local emergency management, it is recommended that jurisdictions conduct a countywide inventory (to handle mass critical care) of and identify locations and medical capacity for:

- Emergency department capacity
- Emergency department isolation, ventilation, shower and water containment systems
- Number of hospital beds including intensive care beds
- Number of ventilators
- Oxygen availability
- Morgue capacity and/or temporary sites
- Mortuary services
- Pharmacy resources
- Antibiotics and vaccines
- Mass vaccination sites
- Mental health services
- Triage centers
- Identification of health care workers by profession and specialty
- Local facilities and personnel to conduct assessments and care
- Security plans to protect facilities, medical resources, and personnel

Procedures should be in place and checklists developed to ensure that responses are activated as needed and according to plan. Activation of local community plans should include:

- Notification of Local Public Health Departments
- Notification and possible activation of Local Emergency Management Program
- Notification of all additional emergency response personnel
- Notification of facilities pre-identified to support response activities
- Notification of all planning partners
- Dispatch of personnel to sites
- Assessment of additional staffing needs and request for additional support
- Re-assessment of local pharmaceutical inventories
- Activation of security measures

**Communication, notification, and response plans may already be developed and well defined for your community!**

Many communities have disaster plans to respond to accidents involving a bus or plane. It is recommended that prior to developing plans for your institution or agency, individuals

meet with the Local Emergency Management Coordinator serving their jurisdiction to assess plans currently in place. Integrating agency plans with emergency management plans well established within your community may prevent duplicative planning efforts for you and your staff. More importantly by having a clear understanding of Emergency Management local response plans prior to an incident, communications will be streamlined and coordinated during a crisis event.

# **Appendix A**

## **Summary**

### **Michigan Emergency Management Plan**

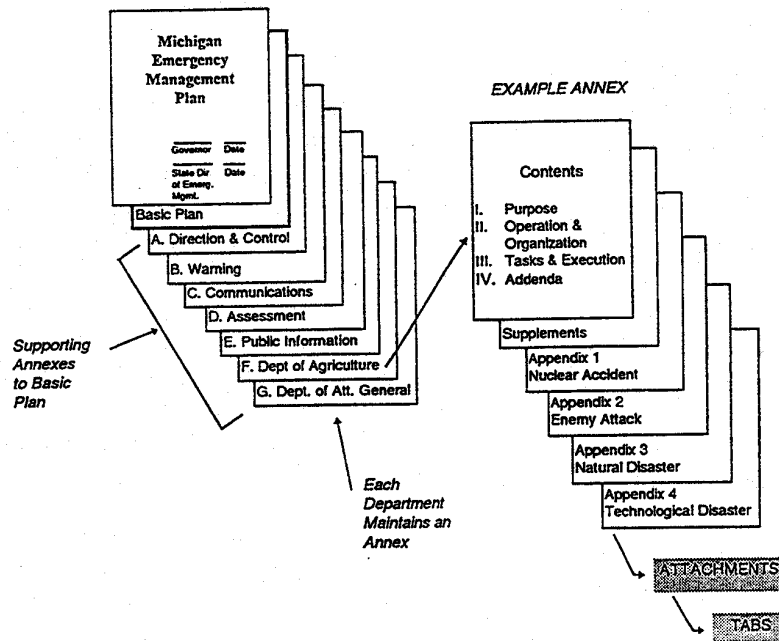
## Legal Authority

The Michigan Emergency Management Act (Act 390, Public Acts of 1976, as amended) is the basic state emergency management enabling legislation. This Act prescribes the powers and duties of the Governor and certain state and local officials related to preparing for, responding to, recovering from, and mitigating disasters and emergencies; it prescribes immunities and liabilities related to disaster relief work, and establishes the organizational framework for the emergency management system used in the state.

The following Acts provide additional legal authority for developing and implementing the MEMP:

1. Act 302, Public Acts of 1945, the Emergency Powers of the Governor Act. Act 15 1,
2. Public Acts of 1953, the Interstate Disaster Compact. Act 202, Public Acts of 1959, the
3. Emergency Interim Executive Succession Act. Act 203, Public Acts of 1959, the
4. Emergency Interim Local Succession Act. Applicable Executive Orders of the Governor.

## MEMP ORGANIZATION



## HAZARD IDENTIFICATION & VULNERABILITY

A detailed hazard analysis has been completed for the State of Michigan (EMD Publication 103, Michigan Hazard Analysis) which indicates the potential for many types of emergencies or disasters to occur which could cause widespread or severe damage, injury, or loss of life or property. The MEMP addresses the consequences of these identified hazards.

## EMERGENCY MANAGEMENT SYSTEM

The general nature of most emergency/disaster situations requires prompt response and effective action. This can best be obtained from existing agencies of Federal, state and local government. For this reason, such governmental agencies constitute the basic framework of the emergency management system in Michigan. In those situations where governmental agencies cannot accomplish all necessary and appropriate emergency functions the private sector augments existing forces.

### State Government

The Director of the Department of State Police is the State Director of Emergency Management, in accordance with the Michigan Emergency Management Act. The Director maintains an Emergency Management Division within the Department of State Police. The commanding officer of the Emergency Management Division is designated as

Deputy State Director of Emergency Management. The Emergency Management Division consists of headquarters staff and field personnel (District Coordinators) - each in charge of a specific area of the state. Within this framework, the Emergency Management Division coordinates the comprehensive emergency management activities of mitigation, preparedness, response and recovery for state and local government.

Each state department appoints an Emergency Management Coordinator to act as liaison to the Emergency Management Division, and to coordinate the implementation of tasks assigned to the department in the MEMP. State department task assignments are primarily oriented toward supporting and supplementing local government efforts to mitigate against, prepare for, respond to and recover from disasters and emergencies.

### ***Local Government***

Each county has an Emergency Management Coordinator and enabling legislation creating an emergency management program. In accordance with the provisions of the Michigan Emergency Management Act, some municipalities with a population of 10,000 or more have also elected to appoint an Emergency Management Coordinator and establish an emergency management program. A jurisdiction must have an appointed Emergency Management Coordinator and meet other criteria established by the Emergency Management Division, Department of State Police, to be formally recognized as an emergency management program. Coordination between the Emergency Management Division and local emergency management programs is accomplished through the EMD District Coordinator. The District Coordinator provides day-to-day administrative and technical support to local emergency management programs, in addition to operational support when incidents occur.

Local agencies are responsible for carrying out the emergency functions assigned to them in their local Emergency Operations Plan. Most emergency situations can be adequately managed using these local government resources, augmented by volunteer and other private agencies when appropriate.

## **RESPONSE PROCEDURES**

When an emergency or disaster occurs, local agencies are normally the first to respond. These agencies initially assess the situation, determine its scope and magnitude, and determine if additional assistance is required. Generally, response is handled at the local level to the extent possible. The local Emergency Management Coordinator monitors the situation and notifies the EMD District Coordinator. Together, they assess the nature, scope and magnitude of the situation, and determine the need for resources. If the situation escalates to the point where coordination among several agencies is required, the local Emergency Management Coordinator may decide to activate the local Emergency Operations Center (EOC) and notify key personnel to report there to manage the incident and coordinate activities. The local Emergency Management Coordinator may recommend that the Chief Executive (of the county or municipality) declare a local "state of emergency", thereby formally activating the appropriate response and recovery aspects of local agencies, as outlined in the local Emergency Operations Plan.

### ***Requests for State Assistance***

If the emergency or disaster is deemed by the Chief Executive (of the affected jurisdiction) to be beyond the control of the jurisdiction, the Chief Executive may request that the Governor declare a "state of emergency" or "state of disaster", thereby activating state assistance in accordance with the provisions set forth in the Michigan Emergency Management Act. This request is made through the EMD District Coordinator and forwarded to the EMD office in Lansing, which notifies the Governor of the nature, scope and magnitude of the situation.

Before state assistance is authorized, the jurisdiction must have utilized all of its appropriate disaster relief forces, including the use of local contractors, activation of mutual aid, and use of regional or other nearby resources. The EMD District Coordinator verifies that local resources have been exhausted. State assistance is only used to supplement local efforts and resources to help relieve extraordinary burden caused by threats to public health and safety, and property. It is not used for simple budgetary relief or to relieve hardship.

If immediate actions are required, the State Director of Emergency Management may initiate temporary assistance to the affected area. The Emergency Management Division monitors the situation and maintains contact with the jurisdiction. Appropriate state agencies may be notified and mobilized as necessary. The EMD District Coordinator helps coordinate response and recovery activities at the scene through the local EOC.

### ***Governor's Declaration /Rendering State Assistance***

The Emergency Management Division keeps the Governor informed of the situation, based on the information received from the local Emergency Management Coordinator and EMD District Coordinator. If conditions warrant, the Emergency Management Division may recommend that the Governor declare a "state of emergency" or "state of disaster" for the affected area. The Governor reviews the information and recommendation and takes the actions deemed necessary and appropriate to respond to the situation.

Pursuant to statute, the Governor may declare a "state of emergency" or "state of disaster" and activate applicable relief forces if an emergency or disaster or imminent threat thereof exists. The State Director of Emergency Management, or the Deputy State Director of Emergency Management as his authorized representative, implements the orders and directives of the Governor in the event of a "state of emergency" or "state of disaster" declaration. A State Emergency Operations Center (SEOC) is activated in Lansing (or another designated location) as the primary point of command for coordinating state response and recovery activities. Communications links are established between the SEOC and the affected jurisdiction's EOC. In some situations, additional state coordinating facilities may be established at or near the incident site.

The Governor is vested with duplicative emergency authorities under Act 302, P.A. 1945 (The Emergency Powers of the Governor Act). Under this Act, the Governor may also declare a "state of emergency" for the affected area and promulgate reasonable orders, rules and regulations deemed necessary to protect life and property, or to bring the emergency situation under control.

### ***Obtaining Federal Assistance***

Subsequent to declaring a "state of emergency" or "state of disaster" under state law, if the Governor determines that Federal assistance is necessary to supplement the efforts and available resources of the State, he may request that the President of the United States declare a "major disaster" or "emergency" for the affected area under the provisions of P.L. 93-288, as amended (The Robert T. Stafford Disaster Relief and Emergency Assistance Act). Such a request is made through the Federal Emergency Management Agency (FEMA) Regional Director (in Chicago), and is based on a summary of the damage assessment data submitted to the Emergency Management Division by the affected local jurisdiction(s) and involved state agencies.

If the Governor requests a Presidential declaration, a joint Federal / State Preliminary Damage Assessment (PDA) is conducted to determine if the situation warrants Federal intervention and assistance. The PDA is conducted by damage assessment teams composed of one or more Federal representatives from FEMA, one or more representatives from the Emergency Management Division or another state agency, and a local representative. Teams are dispatched to the incident scene to survey the damage and confirm the initial assessment data submitted to the Emergency Management Division (by the affected local jurisdiction(s) and involved state agencies) earlier in the damage assessment process. Based on the results from the PDA, FEMA is able to conclude whether or not sufficient damage and impact has occurred to support a Presidential declaration. The FEMA Regional Director makes a recommendation to the FEMA Director in Washington, D.C., who in turn recommends a course of action to the President.



## STATE DEPARTMENTS: GENERAL RESPONSIBILITIES

Pursuant to the Michigan Emergency Management Act, each state department has a common set of responsibilities related to general emergency preparedness and response. Those responsibilities are:

1. Appoint an Emergency Management Coordinator.
2. Maintain an annex to the Michigan Emergency Management Plan.
3. Maintain a capability to carry out emergency tasks and assignments.
4. Provide for the delivery of emergency services, including personnel, equipment and facilities.
5. Maintain internal standard operating procedures (to include safeguards for vital records and resources), resource lists and alerting procedures.
6. Ensure that the designated departmental representative promptly reports to the State Emergency Operations Center, or other appropriate coordinating facility, as necessary to respond to an emergency or disaster.
7. Participate in drills and exercises to test emergency plans and procedures.
8. Ensure that personnel assigned to emergency tasks are properly trained.
9. Provide damage assessment data to the Emergency Management Division and participate on assessment team when requested.
10. Coordinate with counterpart Federal agencies in mitigation, preparedness, response and recovery activities under the Federal Response Plan and other authorities.

## STATE DEPARTMENTS: PLAN ANNEXES AND ASSIGNED RESPONSIBILITIES

In addition to the general responsibilities outlined above, the Michigan Emergency Management Plan establishes the following functional and department-specific annexes and assigned responsibilities:

**Note:** Also refer to the Hazard-Specific Concepts / Procedures section for additional task assignments that are specific only to a particular type of hazard.

### Annex A (Direction and Control)

**Implementing Agencies: Executive Office; Emergency Management Division, Department of State Police**

Assigned responsibilities of the Executive Office (Governor) are:

1. Direct the disaster response.
2. Declare a "state of emergency" or "state of disaster".
3. Authorize the use of state resources.
4. As appropriate, seek assistance from the Federal government
5. Coordinate the implementation of protective actions (evacuation or in-place sheltering).
6. Direct law enforcement agencies to control access to the affected area.
7. As appropriate, provide for temporary housing.
8. As appropriate, suspend regulatory statutes, orders or rules.
9. Authorize and control the release of public information.
10. Direct other appropriate actions deemed necessary to protect life and property.

Assigned responsibilities of the Deputy State Director of Emergency Management (acting as the State Director of Emergency Management's designee) are:

1. Implement the orders and directives of the Governor.
2. Activate the State Emergency Operations Center and / or other necessary emergency coordinating facilities.
3. Mobilize and direct state disaster relief forces.

4. Maintain liaison with affected local jurisdictions.
5. Review and evaluate assessment data.
6. Implement and administer Federal and state disaster relief programs and funds.

#### **Annex B (Warning)**

**Implementing Agencies: Emergency Management Division and Special Operations Division, Department of State Police.**

Assigned responsibilities of the two divisions are:

1. Maintain a 24-hour warning away point (Special Operations Division, East Lansing Headquarters).
2. Alert and notify key officials and relay warning and emergency information throughout the state.
3. Maintain the statewide Law Enforcement Information Network (LEIN) and other appropriate systems for the dissemination of information.

#### **Annex C (Communications)**

**Implementing Agencies: Emergency Management Division and Communications Division, Department of State Police.**

Assigned responsibilities of the two divisions are:

1. Establish and maintain a communications center at the State Emergency Operations Center (SEOC).
2. Coordinate communications links between the SEOC, other state coordinating facilities, local and Federal authorities, adjacent states, the Province of Ontario, Canada, and other locations as necessary.

#### **Annex D (Assessment)**

**Implementing Agency: Emergency Management Division, Department of State Police.**

Assigned responsibilities are:

1. Develop and maintain a statewide damage assessment system.
2. Organize and coordinate an Assessment Group in the State Emergency Operations Center for the purpose of collecting, compiling, reviewing, evaluating and displaying assessment data provided by local jurisdictions, state agencies and other sources.
3. Make recommendations regarding specific actions or assistance needed, based upon information collected.
4. Prepare the Governor's emergency / disaster declarations.
5. Conduct FEMA / State Preliminary Damage Assessments (PDAs).
6. Prepare the Governor's request for a Presidential emergency / disaster declaration.

#### **Annex E (Public Information)**

**Implementing Agencies: Executive Office; Emergency Management Division, Department of State Police.**

Assigned responsibilities of the Executive Office (Governor's Press Secretary, acting as State Public Information Officer) are:

1. Coordinate the release of state-level public information.
2. Establish and coordinate a system for information inquiries.

Assigned responsibilities of the Emergency Management Division are:

1. In conjunction with the State Public Information Officer, establish and coordinate the operations of a Joint Public Information Center (JPIC) and Joint Public Information Team (JPIT). (This includes scheduling press briefings and conferences, and issuing news releases on a regular and timely basis.)
2. Maintain disaster-related informational materials for dissemination to the media and general public.

#### **Annex F (Department of Agriculture)**

Assigned responsibilities are:

1. Coordinate with the U. S. Department of Agriculture (USDA) and other appropriate agencies in the assessment of damage and impact to agricultural resources and enterprises.
2. Coordinate regulatory services to protect the human and animal food supply.
3. Coordinate with Federal authorities in administering Federal assistance related to agricultural damage, farmers and related food enterprises.
4. Monitor, sample and inspect affected food resources and the agricultural environment.
5. Coordinate with the U.S. Department of Agriculture (USDA) to obtain supplemental food supplies, as necessary to meet the mass care needs of disaster victims.
6. Provide technical guidance and assistance in the assessment of damage to county and inter-county drains.
7. Provide technical guidance and assistance on the care of farm and domestic animals.

#### **Annex G (Department of Attorney General)**

Assigned responsibilities are:

1. Provide legal assistance to state officials.

#### **Annex H (Department of Civil Rights)**

Assigned responsibilities are:

1. Ensure equal access to disaster-related services.
2. Intervene in tension-creating situations involving alleged civil rights violations.

#### **Annex I (Department of Civil Service)**

Assigned responsibilities are:

1. Protect state employment records from disaster-related damage.
2. As appropriate, modify Civil Service Rules to allow temporary hiring re-direction or alteration of working hours and conditions.
3. Provide supplemental computer capability.

#### **Annex J (Department of Consumer and Industry Services)**

Assigned responsibilities are:

1. Protect vital public records from disaster-related damage.
2. As appropriate, provide housing assistance to low / moderate income disaster victims.
3. As appropriate, coordinate the establishment of group mobile home sites for temporary disaster housing.
4. Coordinate energy emergency activities.
5. Coordinate petroleum and natural gas pipeline safety activities.
6. Provide licensing information to disaster victims.
7. Provide expedited post-disaster licensed facility inspections.
8. Provide insurance information to disaster victims.
9. Review the adequacy of health care facility emergency procedures.
10. Provide technical assistance in the coordination of emergency medical services.
11. Provide supportive radiation safety assistance
12. Provide State Construction Code inspection services.
13. Conduct workplace safety inspections.
14. Conduct fire safety and prevention inspections.
15. Coordinate disaster unemployment assistance.

#### **Annex K (Department of Corrections)**

Assigned responsibilities are:

1. Protect prisoners, staff and visitors in state correctional facilities.
2. Support state / local emergency operations (i.e., with supplies, equipment, personnel).
3. Coordinate the use of correctional industry resources to supplement disaster relief needs.

#### **Annex L (Department of Education)**

Assigned responsibilities are:

1. Coordinate the use of Michigan Schools for the Deaf and Blind resources to support emergency operations (i.e., buses and drivers, use of schools for shelters).
2. Assist local and intermediate school districts in developing emergency procedures to protect students, staff and visitors in school facilities.

#### **Annex M (Department of Environmental Quality)**

Assigned responsibilities are:

1. Minimize environmental contamination.
2. Provide monitoring, sampling and analysis.
3. Minimize damage to natural resources.
4. Minimize risk from radiological exposure.

**Annex N (Michigan Economic Development Corporation)**

Assigned responsibilities are:

1. Provide immediate and long-term economic development and recovery assistance.
2. Provide job training assistance to disaster victims.
3. Provide information on disaster recovery options / strategies.
4. Provide current information on damaged tourist destinations in Michigan.

**Annex O (Department of Management and Budget)**

Assigned responsibilities are:

1. Review and submit special supplemental appropriation requests to the legislature.
2. Provide logistical and administrative support in the establishment and equipping of disaster-related facilities.
3. Provide assessment information on damaged state facilities, property and equipment.
4. Coordinate the use of state facilities and equipment to support emergency operations.
5. Protect employees and visitors at state facilities.
6. Provide adequate telecommunications capability during emergency operations.
7. Provide resource information on state-contracted supplies and services (for emergency procurement).
8. Provide post-incident counseling assistance to state employees.
9. Provide space for vital records storage.
10. Coordinate insurance and loss-reporting activities for state properties.

**Annex Q (Department of Military and Veterans Affairs)**

Assigned responsibilities are:

1. Coordinate / provide military support to civil authorities. (Support is provided by mission and may include, but is not limited to: personnel to provide emergency-related services; supplemental transportation support; security of facilities and the disaster area; restoration of public facilities; restoration of order and civil control; medical assistance; mass feeding / shelter support; and supplemental communications support.)

**Annex R (Department of Natural Resources)**

Assigned responsibilities are:

1. Monitor and minimize damage and impact to natural resources.
2. Support law enforcement activities.
3. Protect visitors at state parks and recreation areas.
4. Supplement transportation / equipment resources.
5. Provide maps and enhanced mapping capability to state and local officials.

**Annex S (Department of Community Health)**

Assigned responsibilities are:

1. Coordinate the investigation and control of communicable disease.
2. Coordinate the allocation of medications essential to public health.
3. Issue health advisories and protective action guides to the public.
4. Coordinate a mental health needs assessment.
5. Coordinate crisis-counseling services with Community Mental Health Boards.
6. Protect patients, staff and visitors in state mental health facilities.
7. Support state / local emergency operations (i.e., with supplies, equipment).
8. Coordinate participation on state damage assessment teams.
9. Coordinate victim identification services.
10. Provide liaison to Federal emergency health and medical programs and services.
11. Coordinate with the National Disaster Medical System.

**Annex T (Family Independence Agency)**

Assigned responsibilities are:

1. Coordinate an individual assistance needs assessment.
2. Coordinate / monitor the provision of human services to disaster victims.
3. Maintain liaison with local government and volunteer human service agencies.
4. Protect residents, staff and visitors in state training and rehabilitation facilities.
5. Provide rehabilitation services for the blind.

**Annex U (Department of State)**

Assigned responsibilities are:

1. Provide branch office facilities for use as disaster recovery centers.
2. Provide staff for disaster recovery centers.
3. Provide for use of the computer system operated by the department to support emergency operations.
4. Provide space for vital records storage and manuscript depository.
5. Conduct the historic preservation review for Federally-funded / licensed projects.
6. Expedite the filing of emergency rules.

**Annex V (Department of State Police)**

Assigned responsibilities are:

1. Report emergencies and disasters (via State Police Posts) pursuant to Official Orders 40 and 50.
2. Coordinate law enforcement and fire investigation activities within the state.
3. Enforce the Governor's emergency authorities.
4. As necessary, provide the services of the bomb squad, hostage negotiators and regional laboratories.
5. Assist in evacuating areas, controlling traffic, and providing security in the disaster area.
6. Assist in search and rescue operations.
7. Assist the Department of Community Health with victim identification.

8. Provide video and photographic documentation of emergency / disaster-related damage and response recovery operations.
9. Dispatch the departmental command trailer and / or provide other communications support to a State Command Post or other emergency coordinating facilities established in the affected area.
10. As necessary, coordinate with the transportation industry for the emergency procurement, allocation and utilization of intrastate transportation to support emergency operations.
11. Provide critical incident aftermath services for disaster responders.

#### **Annex W (Department of Transportation)**

Assigned responsibilities are:

1. Provide equipment and personnel for debris clearance, traffic control / barricading, and heavy rescue.
2. Coordinate emergency traffic control measures on the state highway / trunkline system, including road closures, in cooperation with the Department of State Police.
3. Repair damage to roads, bridges, drains, and traffic control signs / devices on the state highway and trunkline system.
4. Coordinate with the U.S. Department of Transportation for emergency response activities involving transportation, including limiting or restricting air, rail, water and vehicular traffic through a hazardous area.
5. Provide supplemental communications capability.
6. Provide engineers and other specialists to provide technical assistance to Federal, state and local officials in the development and/or review of Public Assistance Grant Program (PAGP) projects under Section 406 of the Stafford Act.
7. Coordinate with the Department of State Police for the use of the Civil Air Patrol.
8. Provide aircraft transportation for emergency use.
9. As necessary, secure additional mass transportation resources for evacuations.
10. Coordinate with the Federal Highway Administration (FHWA) on all disaster-related planning and operations within the state, including the identification and assessment of damage to Federal-aid roads, bridges and other highway facilities for assistance under the FHWA's emergency repair and restoration program.
11. Provide aerial photographic documentation of emergency disaster-related damage.

#### **Annex X (Department of Treasury)**

Assigned responsibilities are:

1. Provide tax assistance to disaster victims.
2. Issue special warrants for disaster payments.

#### **Annex Y (Office of Services to the Aging)**

Assigned responsibilities are:

1. Maintain liaison with local government and volunteer human service agencies.
2. Conduct a needs assessment of, and coordinate / monitor the provision of assistance to, elderly disaster victims.
3. Provide assessment information on damaged home and community-based services for senior citizens (i.e., senior centers, meal sites and in-home service providers).

**Annex Z (Department of Career Development)**

Assigned responsibilities are:

1. Provide vocational rehabilitation services to assist businesses requiring help with workforce needs, and citizens with disabilities to enter the workforce.
2. Provide job training assistance to disaster victims.
3. Identify / coordinate volunteer resources for emergency management activities.
4. Provide employment assistance to disaster victims (through the U. S. Department of Labor's Disaster Unemployment Assistance Program).



## Weapons of Mass Destruction Attack

The overall response to the threat of or actual terrorist employed Weapon of Mass Destruction (WMD) can be segmented into the two broad categories of **Crisis Management** and **Consequence Management**. Crisis Management includes measures to identify, acquire, and plan the use of resources needed to anticipate, prevent, and/or resolve a threat or act of terrorism. The laws of the United States assign primary authority to the Federal Government to prevent and respond to acts of terrorism; State and local governments provide assistance as required. Pursuant to Presidential Decision Directive (PDD) 39, the Federal Bureau of Investigation (FBI) is designated as the Lead Federal Agency (LFA) for the response to a threatened or actual terrorist incident. Other Federal agencies that have designated authorities under Federal law will manage their response functions in support of the FBI and in coordination with other agencies involved in response and recovery operations.

The FBI response is primarily focused on evidence detection and preservation, crime scene management, and requesting crime-related Federal response assets (e.g., Evidence Response Teams, Critical Incident Response Group, and Intelligence and Analysis.) State law enforcement activities are coordinated through the Department of State Police. Although Crisis Management is predominantly a law enforcement response, it may be supported by technical operations, and by Federal Consequence Management, which may run concurrently.

Consequence Management includes measures to protect public health and safety, restore essential government services, and provide emergency relief to governments, businesses and individuals affected by the consequences of terrorism. The laws of the United States assign primary authority to the States to respond to the consequences of terrorism; the Federal government provides assistance as required. Accordingly, FEMA has been designated as LFA for Consequence Management and is responsible for coordinating Federal response and support of the States, as appropriate. The Emergency Management Division, Department of State Police, in conjunction with local Emergency Management Coordinators, coordinates with FEMA in fulfilling non-law enforcement consequence management response and recovery missions.

As with other disasters or emergency situations, the initial response to a terrorist employed WMD is the responsibility of local government. However, the lethality of these agents and the resulting potential for mass casualties make WMD events distinct from other technological disasters. FEMA will coordinate the Federal Government's efforts for responding to potential devastation caused by WMD events via initiating Consequence Management procedures. With the possible exception of intra-state Federal assets (e.g., Disaster Medical Assistance Teams [DMATs], Metropolitan Medical Response Systems [MMRSs], Department of Defense response teams, etc.), if an attack occurs without warning, substantial Federal Consequence Management support assets should not be expected to arrive on the scene for twenty-four (24) hours following the time the attack is recognized and reported. Further, terrorist tactics may include multiple simultaneous attacks within the state and/or nation that could result in a significant delay in the arrival of limited Federal assets.

Accordingly, local response plans and procedures must rely only on internal, mutual aid, county and State resources during this period when casualties are most prevalent and the need for life-saving assets most critical. The Michigan National Guard may be activated to provide expertise and assets related to detection, decontamination and controlling public access to the vicinity of the release. (Refer to Annex Q.) In addition, local and state officials may request support from Wayne County's Technical Support Team, other public hazardous materials response teams, and use of private sector personal protective equipment and other hazardous materials response materials to aid in the initial incident response.

Local fire, hazardous material, EMS and police normally comprise the initial elements that will respond to, recognize and report a WMD event. The cornerstone of this response is the Incident Command System (ICS). The Special Operations Division, Department of State Police will be notified immediately of the event in accordance with standard warning procedures. (Refer to Amex B.) Once notified, Special Operations will notify the Emergency Management Division, who in turn will activate the SEOC (partially or fully, as appropriate), notify appropriate Federal and state agencies, dispatch personnel to the local EOC managing the local response, establish (as appropriate) a State Command Post (SCP) and dispatch state personnel to that location, and initiate other response procedures in accordance with this Plan. Once local mutual aid partners and state response assets arrive at the scene, a Unified Command structure will be established in conjunction and coordination with the Joint Operations Center (JOC) established by the FBI. As with other technological disasters, the Emergency Management Division, Department of State Police will coordinate state agency activities from the SEOC. State agencies will provide appropriate support as specified in their respective annexes.

WMD incidents are likely to be specifically targeted against large public populations, and attacks may occur without warning. Response procedures, therefore, will vary greatly dependent upon the specific chemical, biological or radiological agent employed as the on-set of symptoms vary from seconds to days to possibly even weeks. Regardless of the agent used, however, it is likely that the first indication that an attack has occurred will be when first responders or medical personnel at medical treatment facilities recognize that numerous victims are displaying similar signs and symptoms indicative of possible chemical, biological and/or radiological agent poisoning.

in cases where fast-acting agents are employed (e.g., most chemical agents), an Incident Command System (ICS) will be established at the scene of the attack, notification and warning procedures will be immediately initiated, and the local EOC will normally be activated. Reducing potential victims' time of exposure to WMD agents and a rapid administration of medical treatment are essential elements in reducing casualties. Once an incident is recognized and reported as a WMD attack, life safety actions and issues become of paramount importance. All other considerations (i.e., evidence preservation, damage mitigation, site restoration, etc.), while important, are secondary to life safety. Local response will address fundamental WMD response functions (i.e., establishing contamination control measures, initiating detection procedures, securing the incident site, erecting decontamination lines, initial triage, treatment and evacuation of casualties, etc.) In those instances where the effects of an agent are delayed (principally biological and radiological agents), the first indication that an attack has occurred will likely be an inordinate number of ill persons possessing similar symptoms, visiting medical treatment facilities.

The FBI has an extensive program to monitor terrorist activities and assigns Threat Levels based upon information received and analyzed. The State of Michigan has adopted these Threat Levels for emergency planning and response preparation purposes. Should intelligence indicate a "credible" or "significant" threat exists, certain state-level WMD related response assets might be called upon in advance of an actual event. Also, when an event of national or international significance is hosted in Michigan (which would present a terrorist group with a highly visible target), a heightened state of readiness may result in Federal and state assets being propositioned, at the scene of the event to provide support to local first responders, should the need arise.

## TASKS SPECIFIC WEAPONS OF MASS DESTRUCTION ATTACKS

In addition to the general tasks addressed in the annexes the following specific tasks are performed by state agencies in response to oil or hazardous material incidents:

### **Annex B (Warning)**

**Implementing Agencies: Department of State Police; Department of Environmental Quality**

1. Notification requirements for an oil or hazardous material incident are addressed by the following agencies:

The affected *State Police Post* notifies the appropriate State Police District Headquarters, specifically the Fire Marshal or Motor Carrier district representative, and State Police Headquarters, Special Operations Division.

The affected *State Police District* notifies the Fire Marshal or Motor Carrier district representative, if not previously done, or the EMD District Coordinator, and confirms the notification of Special Operations Division.

*Special Operations Division* notifies the Department of Environmental Quality and other appropriate state agencies, the EMD Duty Officer, the Province of Ontario and other states as appropriate.

The *Department of Environmental Quality - Pollution Emergency Alerting System (PEAS)* notifies State Police Special Operations Division of incidents that require emergency response actions of local responders.

### **Annex D (Assessment)**

**Implementing Agencies: On-Scene State Response Agencies**

1. Collect air, water and soil samples (and other media as appropriate) and conduct tests to determine offsite effects.

### **Annex F (Department of Agriculture)**

1. Establish Pesticide Emergency Reaction Team (PERT), as required, to provide on-scene technical advice on minimizing human and environmental hazards from pesticide incidents.

### **Annex J (Department of Consumer and Industry Services)**

1. Monitor employee exposure to airborne contaminants resulting from a hazardous material release.

### **Annex M (Department of Environmental Quality)**

1. Provide for the reporting of releases through the Pollution Emergency Alerting System (PEAS) 24 hour hotline.
2. Provide on-scene technical advice (as appropriate and necessary) regarding containment and control of contamination, actions necessary to mitigate further spread of the material / agent, and recommended

decontamination procedures, if appropriate. (Note: For WMD attacks that involve or impact public water supply or wastewater treatment, the MDEQ can provide technical advice and assistance on shutting down, decontaminating, and restarting the affected system. In addition, it can assist the EMD/MSP in locating alternate sources of potable water for the impacted community.)

3. Identify the party responsible for the release and monitor / coordinate containment and cleanup actions.
4. If the responsible party is not identified or fails to take appropriate actions in a timely manner, initiate actions to contain and clean up the spill (including, if necessary, hiring private contractors to perform these services). If state funds have been expended, notify the appropriate Federal agency and defer containment and cleanup to the Federal government.
5. Provide for the collection of soil, water, and other samples for analysis, to determine the extent of contamination and to guide decisions on cleanup.
6. Coordinate activities with Federal agencies (U.S. Environmental Protection Agency, U.S. Coast Guard) and the Federal Regional Response Team when appropriate.

#### **Annex R (Department of Natural Resources)**

1. Identify wildlife that may be affected by an incident, take necessary and appropriate protective actions for wildlife, and if necessary, coordinate wildlife rehabilitation.
2. For water-related incidents, identify aquatic life that may be affected, obtain fish samples for laboratory analysis of potential contaminants, and recommend appropriate mitigative actions.
3. If a state park is involved, clear persons and boats from the affected area and control access to the area.
4. For water-related incidents, use department watercraft to assist in boom deployment and material recovery.

#### **Annex S (Department of Community Health)**

1. As necessary, provide support in performing laboratory analyses on the material involved in a release.
2. Issue health advisories and protective action guides to the public (in the event of a WMD attack or other large-scale hazardous material incident).

#### **Annex V (Department of State Police)**

1. Notify appropriate state agencies of a hazardous material release or WMD attack (see Warning Annex).
2. In conjunction with local government, coordinate on-scene incident command (Fire Marshal, Motor Carrier or Emergency Management Divisions).

# Appendix B

## Partners in Emergency Notification Network

*Note: Not all partners will be involved in all emergencies*

### Local Partners

Local Public Health Departments  
Local Emergency Management  
Hospitals  
Clinical Laboratories

### State Department Partners

Michigan Department of Agriculture  
Michigan Department of Consumer & Industry Services  
Michigan Department of Environmental Quality  
Michigan Department of Military and Veterans Affairs  
Michigan Department of Natural Resources  
Michigan State Police- Emergency Management Division  
and Forensics Laboratory  
Michigan Department of Transportation

### State Affiliations/Associations

Michigan Health and Hospital Association  
Michigan Infectious Disease Society-Bioterrorism Committee  
Michigan Osteopathic Association  
Michigan Society of Infection Control  
Michigan State Medical Society  
WMD - Michigan Terrorism Task Force  
WMD - Michigan Terrorism Task Force Medical Subcommittee  
WMD - Civil Support Team (CST)

*State Associations are encouraged to develop communication networks to forward  
MDCH Emergency Notifications to all members and associates*

### Federal Partners

Centers for Disease Control and Prevention  
Department of Health and Human Services  
Environmental Protection Agency  
FBI (Michigan) Weapons of Mass Destruction Coordinator  
Federal Emergency Management Agency (via State Police)  
U.S. Department of Agriculture (via Michigan Dept. of Agriculture)

# Appendix C

## **Michigan Notifiable Diseases and Conditions** (Diseases and conditions required to be reported in Michigan)

# PHYSICIAN - DISEASE REPORTING

All Michigan physicians and health care providers are required<sup>1</sup> to report patients with the following conditions to the patient's local health department. To assist health care providers in meeting their obligations to report, the Michigan Department of Community Health has prepared the list presented below. Lab-confirmed and clinical diagnosis are reportable in the time intervals listed. Reporting allows for appropriate public health follow-up for your patients and assists us in identifying outbreaks not always evident to a sole provider.

Local Health Dept. Phone: ( ) \_\_\_\_\_ Contact Name: \_\_\_\_\_  
(see reverse)



## IMMEDIATELY

Any unusual occurrence, outbreak, or epidemic of any disease, condition, and/or nosocomial infection.



## WITHIN 24 HOURS

AIDS Anthrax Botulism Chancroid Cholera Diphtheria Gonorrhea	Granuloma inguinale <i>H. influenzae</i> (meningitis or epiglottitis) Hepatitis B in a pregnant woman Lymphogranuloma venereum Measles Meningococcal disease (meningitis or meningococcemia) Pertussis	Plague Poliomyelitis Rabies (human) Syphilis Tuberculosis Viral hemorrhagic fevers Yellow fever
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## WITHIN THREE WORKING DAYS

Amebiasis Blastomycosis Brucellosis <i>Campylobacter</i> enteritis Chlamydia (genital) Coccidioidomycosis Cryptococcosis Cryptosporidiosis Cyclosporiasis Dengue fever <i>E. coli</i> disease ( <b>only</b> shiga toxin producers) Ehrlichiosis Encephalitis, viral Giardiasis Guillain-Barré syndrome Hantavirus pulmonary syndrome Hemolytic-uremic syndrome	Hepatitis Histoplasmosis Kawasaki disease Legionellosis Leprosy Leptospirosis Listeriosis Lyme disease Malaria Meningitis (bacterial & viral) Mumps Psittacosis Q fever Reye's syndrome Rheumatic fever Rocky Mountain spotted fever Rubella (congenital syndrome)	Rubella Salmonellosis Shigellosis Staphylococcal disease, (first 28 days post-partum mother or child) Streptococcal, invasive Group A (normally sterile sites) Tetanus Toxic shock syndrome Trachoma Trichinosis Tularemia Typhoid fever Typhus <i>Yersinia</i> enteritis
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## WITHIN ONE WEEK

HIV Infection	Chicken pox (aggregate numbers)	Influenza (aggregate numbers)
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### HOW TO REPORT

Call, mail or fax your local health department

Provide patient demographics, diagnosis and onset date

<sup>1</sup> Communicable Disease Rules  
R 325.171 et al

# LABORATORY - DISEASE REPORTING

All Michigan laboratories are required<sup>1</sup> to report patients with the following conditions to the patient's local health department. To assist health care providers in meeting their obligations to report, the Michigan Department of Community of Health has prepared the list presented below. Reporting allows for appropriate public health follow-up for your patients and assists us in identifying outbreaks not always evident to a sole provider.

Local Health Dept. Phone: ( ) \_\_\_\_\_ Contact Name: \_\_\_\_\_  
(see reverse)



## IMMEDIATELY

Any unusual occurrence, outbreak, or epidemic of any disease, condition, and/or nosocomial infection.



## WITHIN 24 HOURS

<i>Bacillus anthracis</i> <i>Bordetella pertussis</i> <i>Calymmatobacterium granulomatis</i> <i>Clostridium botulinum</i> <i>Corynebacterium diphtheriae</i> <i>Haemophilus ducreyi</i> <i>Haemophilus influenzae</i> type b (sterile sites)	Hemorrhagic fever viruses Hepatitis B surface antigen Measles (Rubeola) virus <i>Mycobacterium tuberculosis</i> <i>Neisseria gonorrhoeae</i> <i>Neisseria meningitidis</i> (sterile sites) Poliovirus	Rabies virus <i>Treponema pallidum</i> <i>Vibrio cholerae</i> , serovar 01 Yellow fever virus <i>Yersinia pestis</i>
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## WITHIN THREE WORKING DAYS

Arboviruses <i>Borrelia burgdorferi</i> <i>Brucella</i> species <i>Campylobacter jejuni</i> <i>Chlamydia</i> species <i>Cryptosporidium</i> species <i>Cyclospora</i> species <i>Entamoeba histolytica</i>	<i>Francisella tularensis</i> <i>Giardia lamblia</i> Hantavirus Hepatitis A (anti-HAV IgM) Influenza virus <i>Legionella</i> species <i>Listeria monocytogenes</i> Mumps virus	<i>Plasmodium</i> species Rubella virus <i>Salmonella</i> species Shiga toxin producing <i>E. coli</i> disease <i>Shigella</i> species <i>Trichinella spiralis</i> <i>Yersinia enterocolitica</i>
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### HOW TO REPORT

**Call, mail or fax your local health department**

**Provide patient demographics, diagnosis and onset date**

<sup>1</sup> Communicable Disease Rules  
R 325.171 et al



# **Appendix D**

## **Recommended Procedures for Addressing Reports of "Unusual Disease Occurrence/Activity"**

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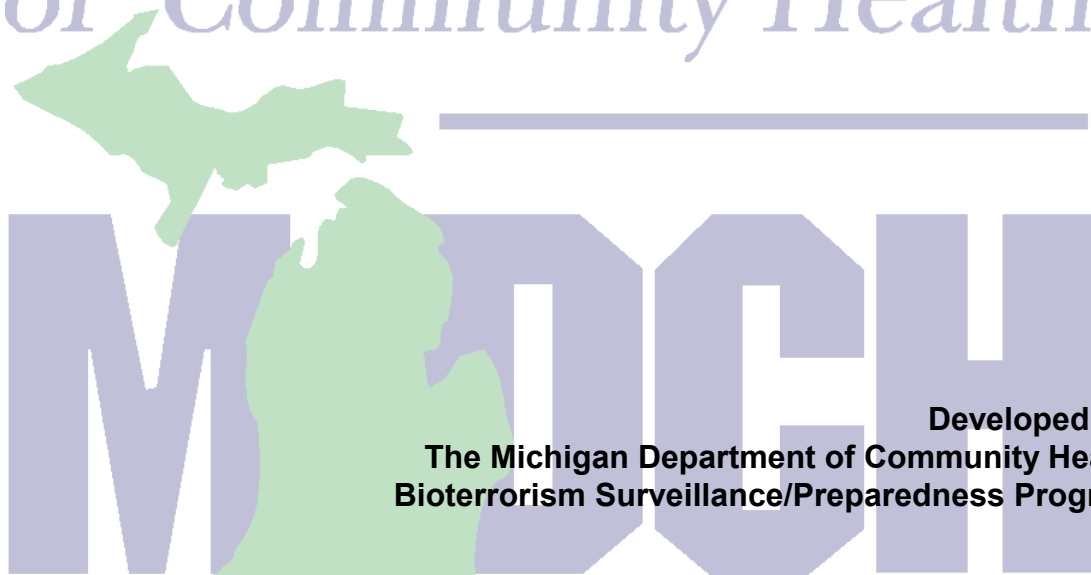
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# **Recommended Procedures for Addressing Reports of “Unusual Disease Occurrence/Activity”**

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*Michigan Department  
of Community Health*



Developed by:  
The Michigan Department of Community Health  
Bioterrorism Surveillance/Preparedness Program

# Recommended Procedures: Report of Unusual Disease Occurrence

Local health departments are the point of receipt for reported diseases/conditions. It has been the responsibility of the local health department to gather timely epidemiologic information in response to these reports. (This reporting authority is conferred on the Department of Community Health under sections 5111 and 9227 of Act No. 368 of the Public Acts of 1978, as amended, and Executive Reorganization Order No. 1996-1 being SS333.5111, 333.9227, and 330.3101 of the Michigan Compiled Laws.)

Reports of communicable disease are generally received from physicians (or their representatives) and clinical laboratories. Historically, these reports have been made when cases are “confirmed” clinically or as a result of positive laboratory testing. One of the often overlooked requirements of the Communicable Disease Rules is that **both** physicians and laboratories **are required** to make immediate notification\* of an unusual occurrence, outbreak or epidemic of any disease, condition, and/or nosocomial infection. (To promote appropriate disease notification, we must strive to develop a sense in clinicians and laboratorians that not only is reporting these incidents meeting their legal requirement, but also that the Local Health Department will provide useful information back to the clinical community on outbreak investigations and the special emergency of bioterrorism.) Without input from the medical community, the public health system can not possibly make appropriate laboratory testing recommendations/referrals or detect and investigate outbreaks within their jurisdictions.

This document was created to assist local health department staff in addressing reports of unusual disease occurrence.

Four templates (*Local Medical Care Facilities, Local Laboratory/Sentinel Pharmacies, Neighboring Health Departments, and Other Active Surveillance Sites*) have been provided for convenience (**Attachment E**). These templates should be completed prior to receipt of any reports of unusual disease occurrence, and will contain contact information for the surveillance locations identified. Using these templates will facilitate communications during “active” surveillance efforts.

\*within 24 hours

# **Attachment A: Assessment of Initial Report**

# Local Health Department Recommended Protocol Following Receipt of Unusual Disease Activity Report

Local Health Department Receives Report of "unusual disease activity" and Completes the "Unusual Disease Event Report Form"

Proceed with  
"Known Agents  
Protocol"  
(see Att D)

Has Report  
Implicated a  
known  
Bioterrorism  
Agent?

Yes

No

Does Report Warrant  
Further Investigation?  
(see Att A  
Evaluation)

No

Continue with Normal  
Surveillance Activities

Yes

Report  
Information

Notify MDCH  
517-335-8165  
After Hours:  
517-335-9030

Begin Active  
Surveillance

Notify

Information from Active Surveillance

Active

Notify  
Local Health Officer/  
Medical Director

Notify

Notify MDCH  
517-335-8165  
After Hours:  
517-335-9030

Contact Local Health Care Providers/  
Neighboring H.D.'s/Other Surveillance  
Sites  
(See Att B.)

Compile Information

Is There evidence that this is  
disease is presenting with other  
than natural transmissiion dynamics  
(See Att C.)

NO

Continue to Consult with MDCH  
As Necessary  
on Investigation

Yes

1. FBI (313-965-2323)
2. MDCH Bioterrorism Emergency  
Notification: 517-335-8024  
After Hours: 517-335-9030
3. Notify Local Emergency Planning Group

\*\*It is always recommended that the initial reporting facility  
be contacted with feedback on the results of the investigation.

Michigan Department of Community Health  
MDCH  
Bureau of Epidemiology  
Division of Communicable Disease and Immunization

# Unusual Disease Event Report Form

County

Michigan Department of  
Community Health  
Bureau of Epidemiology

## Reporter/Facility Information

## Report Date:

### Type of Reporter

† Private Citizen

† Private Physician

† Hospital, Name: \_\_\_\_\_

† Urgent Care Center,  
Name: \_\_\_\_\_

† Laboratory  
Name: \_\_\_\_\_

† Other, Specify: \_\_\_\_\_

### Reporter Information

Name of Reporter: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

## Nature of Report

### Why is this Referral Being Made?

YES NO

Is this an unexplained case of a previously  
healthy individual with an apparently infectious  
critical illness?

☐☐

IF YES, SPECIFY IN NARRATIVE

Are there an unusual number of patients  
presenting with similar symptoms (for this season  
or over-all)?

☐☐

IF YES, SPECIFY IN NARRATIVE

Are patients presenting with a similar set of  
exposures?

☐☐

IF YES, SPECIFY IN NARRATIVE

Is there an unusual presentation of symptoms?

☐☐

IF YES, SPECIFY IN NARRATIVE

## Symptoms

Flu-Like (Fever, Chills, Headache, malaise/fatigue)

☐

Gastrointestinal (Nausea/Vomiting, Diarrhea, Abd. Cramps)

☐

Respiratory (Cough, Shortness of Breath)

☐

Rash

☐

Other (Specify)

☐

**(Include presenting symptoms, specimens/tests, and other relevant information)**

Michigan Department of Community Health  
Bureau of Epidemiology  
Division of Communicable Disease and Immunization

## Evaluation of Initial Report

The initial report of an episode will be made when staff at a reporting facility feel that an unusual disease event is occurring. It will be the responsibility of the local health department staff to evaluate these reports on a case by case basis.

Local health department personnel should inquire of the reporter about the nature of the situation:

Question	Yes	No	Comment
Is this a report of multiple cases of illness?			
Is this an unusual presentation of illness?			
Are multiple cases reporting a similar set of exposures?			
Are these cases appearing in a normally healthy segment of the population?			
Are there a higher number than usual of cases being reported?			
What is the summary of symptoms presented?			

The answers to these questions should assist the local health department Health Officer/Medical Director in determining if further investigation of these cases is warranted prior to diagnostic confirmation. Further investigation would involve active case finding (**Attachment B**).



## **Attachment B: Active Surveillance**

## Active Surveillance

**Prior to initiating any active case finding, local health department personnel should report a summary of their initial contacts to that jurisdiction's Health Officer and/or Medical Director.** At that time, the Health Officer/Medical Director shall determine if active surveillance is warranted. If active surveillance is deemed appropriate, notification should be made to the Michigan Department of Community Health, Bureau of Epidemiology (517-335-8165; After Hours:517-335-9030).

Investigators should gather as much information as possible about the symptoms presented at the reporting facility by using the "Unusual Disease Event Report Form". This information will then be used during active surveillance for similar symptoms/conditions at other facilities.

Active surveillance involves contacting local medical care facilities, laboratories, neighboring local health departments and possibly other healthcare/medical facilities (perhaps sentinel pharmacies, local veterinarians, medical examiners, etc.) Information from the original report should be conveyed to these facilities. They should be queried as to the level of similar findings they are currently seeing. Oftentimes, this may require several contacts, since Infection Control Practitioners and office managers will then need to check with their respective staffs (Emergency Room, Intensive Care Units, etc.). Neighboring health departments may elect to more actively pursue a response within their jurisdiction's medical care facilities as well. It is critical at this time to stress the importance of a timely and accurate response from all of these facilities.

Your local health department may elect to complete the attached "Active Surveillance Contact Template" (**Attachment E**). This information should be readily available prior to initiating active surveillance. Having this information in one location should speed the initiation of active surveillance in response to a report. It can be used as a calling list for contacts.

As more information is gathered from each of the identified sources, it should be relayed to the local health department's Health Officer and/or Medical Director and further, to the Michigan Department of Community Health, if appropriate.

## **Attachment C: Suspected Bioterrorism Activity**

### **Suspected Bioterrorism Activity**

As information from active surveillance is gathered, it should be evaluated as to whether or not this event could have resulted from an act of terrorism. While this may be difficult to ascertain, looking at incoming data with respect to the following criteria may provide assistance.

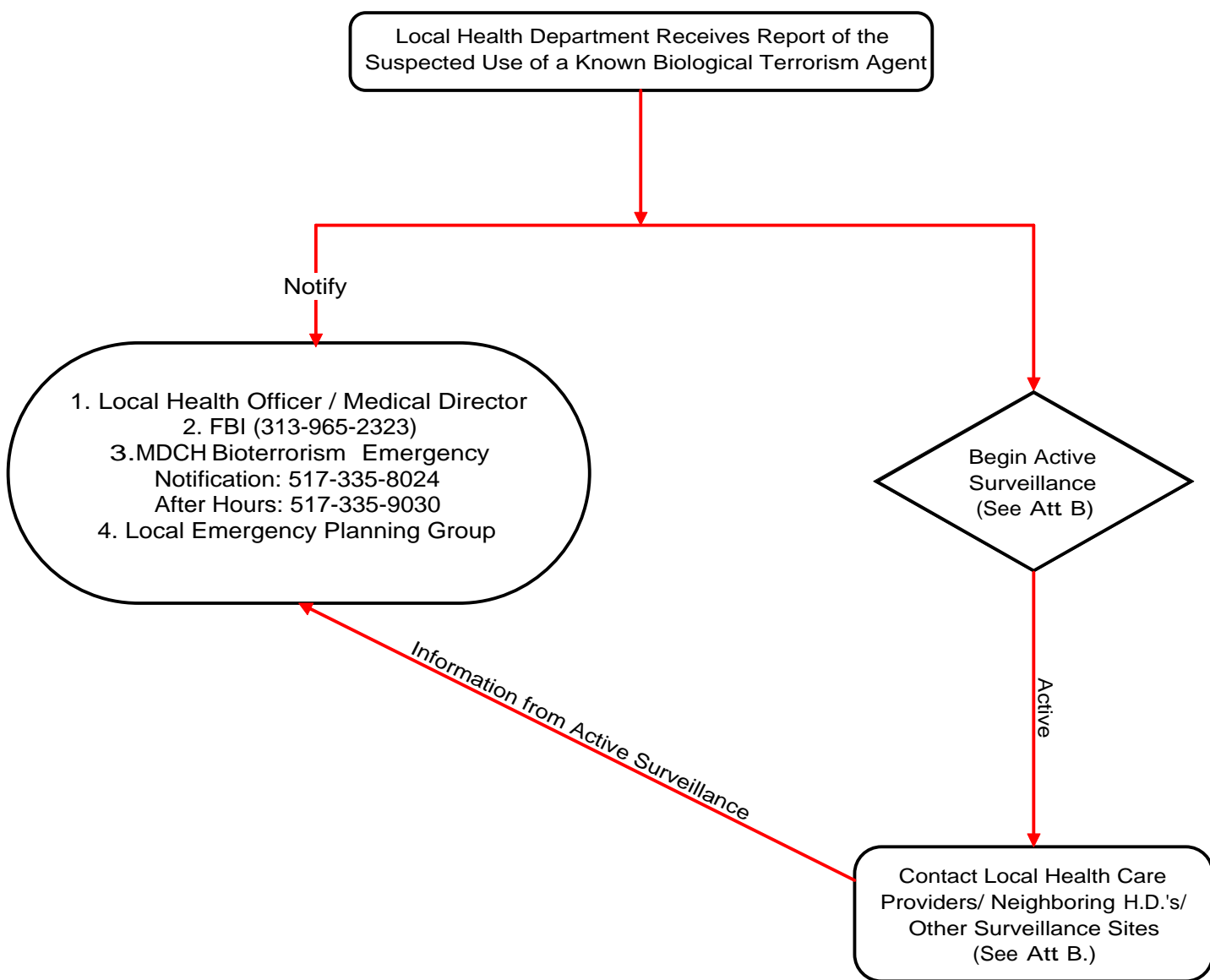
<b>Questions:</b>	<b>Yes</b>	<b>No</b>
<b>Was there a rapidly increasing disease incidence (e.g. hours or days) identified in a normally healthy population?</b>		
<b><i>Are the cases more severe than would be expected (e.g. higher mortality)?</i></b>		
<b><i>Can these cases be represented by an epidemic curve that rises and falls within a short period of time?</i></b>		
<b><i>Has there been an unusual increase in the number of people seeking care, especially with fever, respiratory, or gastrointestinal complaints?</i></b>		
<b><i>Has a traditionally endemic disease rapidly emerged at an uncharacteristic time or in an unusual pattern?</i></b>		
<b><i>Are there reports of multiple, simultaneous epidemics?</i></b>		
<b><i>Is the illness being caused by an agent that is considered unusual for this region?</i></b>		
<b><i>Are clusters of patients presenting from the same location?</i></b>		
<b><i>Are there large numbers of rapidly fatal cases?</i></b>		
<b><i>Are any patients presenting with relatively uncommon diseases of known bioterrorism potential?</i></b>		
<b><i>Has there been an unusual pattern of illness among animals?</i></b>		
<b><i>Is this an illness that is unusual for a given population or age group?</i></b>		
<b><i>Have claims of responsibility for a biological attack been made?</i></b>		

### ***Suspicion of bioterrorism warrants immediate notifications to:***

1. FBI: 313-965-2323
2. MDCH Bioterrorism Emergency Notification: 517-335-8024  
After Hours: 517-335-9030
3. Local Emergency Planning/Management Group

# **Attachment D: Known Bioterrorism Agent Event Report Form**

# Local Health Department Recommended Protocol Following Receipt of Report of Known Bioterrorism Agent



\*\*It is always recommended that the initial reporting facility be contacted with feedback on the results of the investigation.

# Known Bioterrorism Agent Event Report Form

County

Michigan Department of  
Community Health  
Bureau of Epidemiology

## Reporting Facility Information

Report Date:

### Type of Facility

† Private Citizen

† Private Physician

† Hospital, Name: \_\_\_\_\_

† Urgent Care Center,  
Name: \_\_\_\_\_

† Laboratory  
Name: \_\_\_\_\_

† Other, Specify: \_\_\_\_\_

### Reporter Information

Name of Reporter: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Patient Information

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City)  
\_\_\_\_\_  
(County) (State) (Zip Code) (Phone)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Race/  
Ethnicity: \_\_\_\_ (W=White, H=Hispanic, B=Black,  
I= Am Indian, As= Asian, Ar=Arabic,  
O=Other)

Hospitalized? YES NO Admit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Admit Diag: \_\_\_\_\_

If Yes, Where?: \_\_\_\_\_

Died? YES NO Death Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM PM

## Symptoms

Flu-Like (Fever, Chills, Headache, Malaise/Fatigue) ☐

Gastrointestinal (Nausea/Vomiting, Diarrhea, Abd. Cramps) ☐

Respiratory (Cough, Shortness of Breath) ☐

Rash ☐

5



# **Attachment E: Active Surveillance Contact Sheet Template**

## Active Surveillance Contact Template

Local Medical Care Facility	Address	Primary Contact Position/Title	Telephone	
		Secondary Contact Position/Title	FAX/Pager	
			Telephone	





Active Surveillance Contact Template

Local Medical Care Facilities (cont.)


## Active Surveillance Contact Template

Local Laboratory/ Sentinel Pharmacy	Address	Primary Contact Position/Title	Telephone	
		Secondary Contact Position/Title	FAX/Pager	
			Telephone	
			FAX/Pager	




## Active Surveillance Contact Template

Neighboring Local Health Departments	Address	Primary Contact Position/Title	Telephone	
			FAX/Pager	
		Secondary Contact Position/Title	Telephone	
			FAX/Pager	





### Active Surveillance Contact Template

Other Active Surveillance Locations	Address	Primary Contact Position/Title	Telephone	
			FAX/Pager	
		Secondary Contact Position/Title	Telephone	
			FAX/Pager	





# Appendix E

## State Department Emergency Notification Numbers

### **Michigan Department of Agriculture**

611 W. Ottawa Street

Lansing, MI 48909

<http://www.mda.state.mi.us/>

#### **Emergency Notifications:**

517-373-0440 (24/7)

### **Michigan Department of Community Health**

Community Public Health Administration

3423 N. Martin Luther King Jr. Blvd

Lansing, MI 48909

<http://www.mdch.state.mi.us/>

#### **Emergency Notifications:**

Business Hours: 517-335-8024

Non Business Hours: 517-335-9030

### **Michigan Department of Environmental Quality**

106 W. Allegan Street

Lansing, MI 48909

<http://www.deq.state.mi.us/>

#### **Emergency Notifications:**

Pollution Emergency Alerting System (PEAS): 1-800-292-4706

### **Michigan State Police-Emergency Management Division**

4000 Collins Road

Lansing, MI 48909

<http://www.msp.state.mi.us/division/emd/emdweb1.htm>

#### **Emergency Notifications:**

517-336-6604 (24/7)

# Appendix F

## Public Health Level B Laboratory Contacts

Aloysius Hansen, Ph.D.

Detroit City Health Department

1151 Taylor Street

Detroit, MI 48202

Ph: (313) 876-4220

Fax: (313) 876-4221

Cindy Overkamp

Kalamazoo County HSD Laboratory

3299 Gull Road

Nazareth, MI 49074

Ph: (616) 373-5360

Fax: (616) 373-5216

Ken Terpstra

Kent County Health Department

700 Fuller N.E.

Grand Rapids, MI 49503

Ph: (616) 336-2299

Fax: (616) 336-2274

Tammy Theisen

Saginaw County Health Department

1600 North Michigan

Saginaw, MI 48602

Ph: (989) 758-3825

Fax: (989) 758-3755

William Sottile, Ph.D.

MDCH Upper Peninsula Regional Lab

M.T.U. Old Annex Building

P.O. Box 38

Cliff Drive

Houghton, MI 49931-0038

Ph: (906) 482-3011

Fax: (906) 482-7550

Michigan Department of Community Health

P.O. Box 30035

3350 North Martin Luther King Jr. Blvd.

Lansing, MI 48909

Ph: (517) 335-8063

Fax: (517) 335-9871

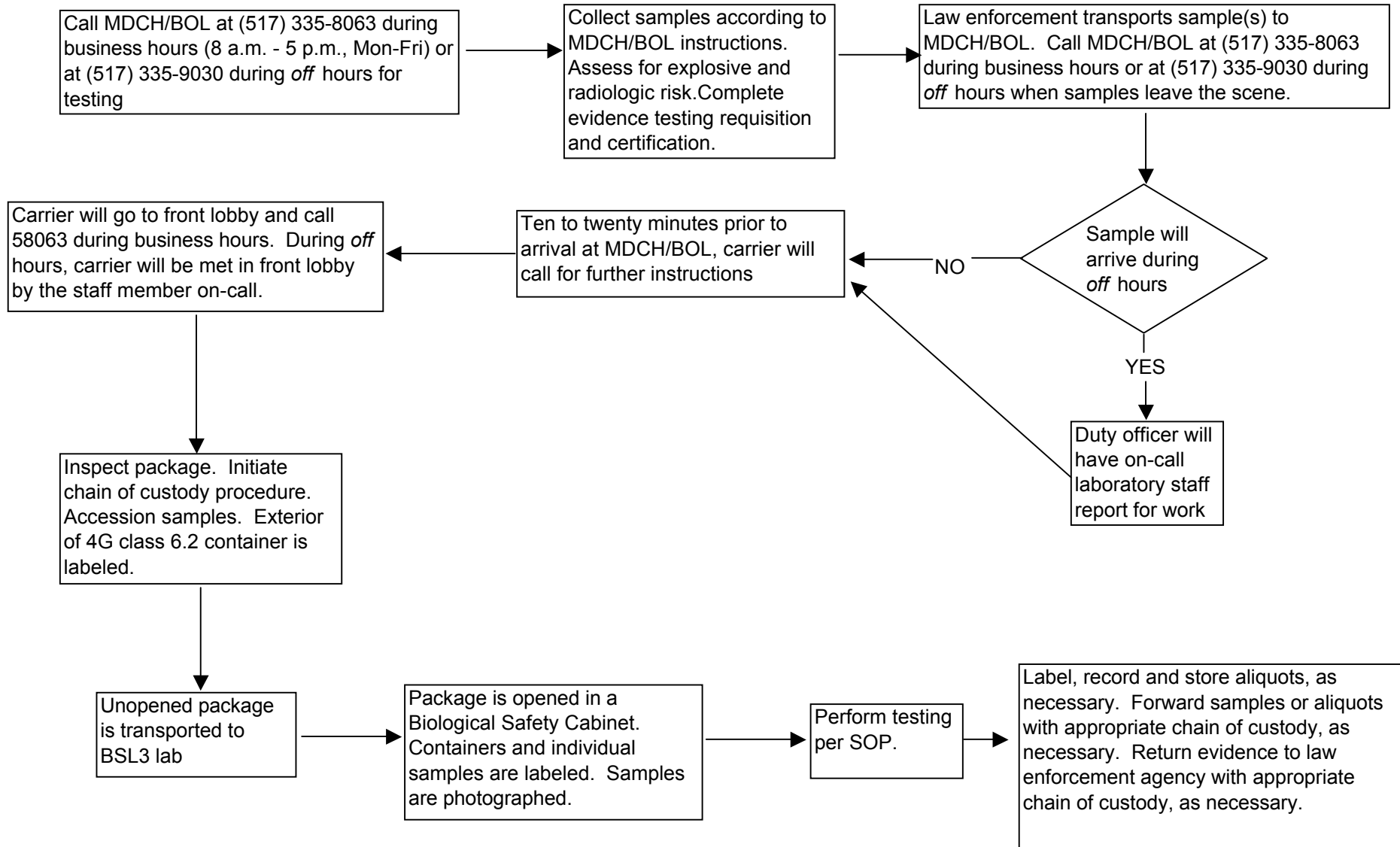
[www.mdch.state.mi.us/pha/bof/](http://www.mdch.state.mi.us/pha/bof/)



# **Appendix G**

## **Overview for Handling Physical Evidence From Suspected Bioterrorism**

## Overview for Handling Physical Evidence from Suspected Bioterrorism



## References, Selected Bibliographies and Websites

American Psychiatric Association Practice of Psychiatry. Disaster Psychiatry  
[http://www.psych.org/pract\\_of\\_psych/disaster\\_psych.cfm](http://www.psych.org/pract_of_psych/disaster_psych.cfm)

Biological and Chemical Terrorism: Strategic Plan for Preparedness and Response.  
Recommendations of the CDC Strategic Planning Workgroup. MMWR April 21, 2000

Bioterrorism Readiness Plan: A template for Healthcare Facilities  
<http://www.cdc.gov/ncidod/hip/Bio/13apr99APIC-CDCBioterrism.PDF>

Bioterrorism threats to our future. The role of the Clinical Microbiology Laboratory in  
Detection, Identification, and Confirmation of Biological Agents.  
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